

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ML	12	04-11-01
O.I.P.E. CLASSIFIER			5/2
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	TL	92	12/31/9
	82	897	03-25-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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5/2/02  
 12/31/01  
 804/27